

```

-----B E S S-----
OPTION ==> 9

*****
*      PRIMARY OPTION MENU      *
*                               *
*****

      Enables you to access five major Part B subsystems and several options

1 PHYSICIAN/SUPPLIER DATA      - Part B Carrier Data
2 HCPCS SYSTEM                  - Healthcare Common Procedure Coding System
3 FOCUSED MEDICAL REVIEW        - Carrier Performance Monitoring
4 PART B CARRIERS               - Names, Numbers and Locality Designations
5 DIAGNOSES SUMMARIES           - Diagnoses Statistics
6 BESS GLOSSARY                 - BESS Data Element Definition
7 PERSONNEL DIRECTORY           - Names, Numbers of BESS Personnel
8 SYSTEM INFO                   - Program Function Key Usage
9 SAME DAY BILLINGS (5%)        - Physician Billing Patterns (5% Sample)
L LIMITATIONS                   - Limitations panel
T TUTORIAL                      - Help with using BESS
X EXIT                          - End

F1 : Help      F3 : Exit

```

Using the Primary Option Menu Screen

OPTION ==> Specifies the option you want to access.

To access the Same Day Billings subsystem,

Type **9**

Press **Enter**

and the system displays the *Physician Services Billing Patterns Viewing Selection Panel Screen* with the cursor positioned at the **OPTION ==>** prompt.

```
-----B E S S-----
OPTION ==> 1

*****
* PHYSICIAN SERVICES BILLING PATTERNS *
*   VIEWING SELECTION PANEL   *
*  Uses 5 Percent Sample Claims File  *
*****

USERID - XXXX
TIME   - 14:06
DATE   - 2002/10/17

This subsystem will be updated annually.
2003 data is now available !!!!

Select the viewing option:

1 VIEW ON SCREEN
2 HARDCOPY REPORT
3 DATA LIMITATIONS AND USE

F1: Help    F3: Exit    ENTER: Continue
```

Using the Physician Services Billing Patterns Viewing Selection Panel Option Menu

OPTION ==> Specifies the primary subsystem you want to access.

To access the View On Screen subsystem,

Type **I**
Press **Enter**

and the system displays the *Physician Services Billing Patterns Selection Panel* with the cursor positioned at **YEAR ==>** prompt.

To print a hard copy report choose option 2 and complete the BESS Output Options screen.

```
-----B E S-----
*****
* PHYSICIAN SERVICES BILLING PATTERNS *
* SELECTION PANEL *
*****
USERID - XXXX
TIME - 14:06
DATE - 2002/10/17
```

Selection Conditions:**YEAR: 2001 (4 Digit Year)****HCPCS RANGE: Lower Bound: Upper Bound:****HCPCS LIST (Up to 6): 45380****Place a "C" for Code or a "D" for Descending Services:****Sort Order: C****F1: Help F3: Exit ENTER: Continue****Using the Physician Services Billing Patterns Selection Panel**

This screen enables you to specify Selection Conditions to generate your report.

The example uses **Year 2001 and HCPCS code 45380.**

Type **2001** as the year.

Tab to HCPCS List.

Type **45380.**

Press **Enter**

And the system displays the *Physician Services Billing Practices System Screen*.

----- PHYSICIAN SERVICES BILLING PRACTICES SYSTEM Row 1 to 11 of 206

-----NCH 5 PERCENT SAMPLE 2001

COMMAND ==>

SCROLL ==> HALF

-----USER SELECTION CRITERIA-----

FUNCTION KEYS:

RANGE - TO

F1: Help F7: Up

CODE LIST - 45380

F3: Exit F8: Down

LISTED IN - CODE ORDER

CODE1	CODE2	CODE2 ALW SRVS (BLANK=CODE1)	CODE1 SRV BILLED WITH CODE2	CODE2 SRV BILLED WITH CODE1	COMBINED BILLING OCCURRENCE	# ENCOUNTERS CODE1 CODE2 RATIO RATIO
45380		23,697	15,557		15,552	1.00
45380	A4300	311	5	5	5	1.00 1.00
45380	A4550	9,814	599	599	597	1.00 1.00
45380	G0102	1,023	3	3	3	1.00 1.00
45380	Q0091	38,660	1	1	1	1.00 1.00
45380	11100	79,178	1	1	1	1.00 1.00
45380	11200	5,786	2	4	2	1.00 2.00
45380	11402	5,954	1	1	1	1.00 1.00
45380	11403	2,641	1	1	1	1.00 1.00
45380	11420	2,025	1	1	1	1.00 1.00
45380	11423	972	1	1	1	1.00 1.00

OPTION ==> 1

-----B E S S-----

* PHYSICIAN SERVICES BILLING PATTERNS *
* VIEWING SELECTION PANEL *
* Uses 5 Percent Sample Claims File *

USERID - XXXX
TIME - 14:06
DATE - 2002/10/17

This subsystem will be updated annually.
2003 data is now available !!!!

Select the viewing option:

- 1 VIEW ON SCREEN
- 2 HARDCOPY REPORT
- 3 DATA LIMITATIONS AND USE

F1: Help F3: Exit ENTER: Continue

Using the Physician Services Billing Patterns Viewing Selection Panel Option Menu

OPTION ==> Specifies the primary subsystem you want to access.

To access the Data Limitations and Use subsystem,

Type 3

Press **Enter**

and the system displays the *Physician Services Billing Patterns System*.

```
-----B E S S-----
OPTION ===>
*****
*   PHYSICIAN SERVICES   *   USERID - XXXX
*   BILLING PATTERNS SYSTEM *   TIME  - 14:19
*****                   DATE  - 2002/10/17
```

This system reports billing patterns for same day, same provider, same beneficiary physician services. Service counts and occurrences have been compiled from the National Claims History 5 percent sample.

Physician services have been defined as having an MPFSDB status code of A, C, R or T. Facility services, Assistant at Surgery services, and Pre/Post Operative services have been excluded from these counts. Only modifiers for Professional and Technical Components have been tallied independently from the global modifier.

F3: Exit ENTER: Continue

```
-----B E S S-----  
OPTION ==>  
*****  
*   PHYSICIAN SERVICES   *  
*   BILLING PATTERNS SYSTEM *  
*****  
USERID  - XXXX  
TIME    - 14:20  
TERMINAL - 3278
```

The code pairs have been constructed so that they are available in any code1/code2 order. Because of the duplicative nature of the data, totals should not be computed outside of the application as counts may be overstated. Code pairs may be viewed in code pair or utilization order.

The same day billings views and reports are comprised of 8 columns of data: code1, code2, total allowed services, the number of times code1 is billed with code2, the number of times code2 is billed with code1, the number of combined billing occurrences, the code1 encounters ratio and the code2 encounters ratio.

An example and explanation follows:

F3: Exit ENTER: Continue

```

-----B E S S-----
OPTION ==>
*****
*   PHYSICIAN SERVICES   *   USERID - XXXX
*   BILLING PATTERNS SYSTEM *   TIME - 14:21
*****
*   BILLING PATTERNS SYSTEM *   TERMINAL - 3278
*****

```

(1) CODE1	(2) CODE2	(3) ALLOWED SERVICES	(4) CODE1 w/CODE2	(5) CODE2 w/CODE1	(6) COMBINED OCCURRENCES	(7) CODE1 RATIO	(8) CODE2 RATIO
66984		80,325	70,975		70,447	1.01	
66984	A4263	6,436	1	2	1	1.00	1.00
66984	11440	4,366	30	34	30	1.00	1.13
66984	17000	192,999	1	1	1	1.00	1.00

(1) CODE1 = the code selected for the same day billing study. You may select a range of codes or up to 6 distinct codes.

(2) CODE2 = any physician service code billed on the same day for the same beneficiary by the same provider.

F3: Exit ENTER: Continue


```
-----B E S S-----
OPTION ==>
*****
*   PHYSICIAN SERVICES   *   USERID  - XXXX
*   BILLING PATTERNS SYSTEM *   TIME    - 14:21
*****                  *   TERMINAL - 3278
*****
```

(3) Total Allowed Services = when code2 is blank, the number depicts the total allowed services for code1 (billed alone or in combination). When code2 is present, the number depicts the total allowed services for code2 (billed alone or in combination).

** Note all numbers are the results of summaries of the National Claims History 5 percent sample file. They must be multiplied by a factor of 20 to obtain an approximation of the total billings for the year.

(4) CODE1 w/CODE2 = the number of times code1 was billed with code2.

(5) CODE2 w/CODE1 = the number of times code2 was billed with code1.

(6) Combined Occurrences = the number of same day occurrences for this code pair.

F3: Exit ENTER: Continue

```
-----B E S S-----  
OPTION ===>  
*****  
*   PHYSICIAN SERVICES   *  
*   BILLING PATTERNS SYSTEM *  
*****  
USERID  - XXXX  
TIME    - 14:22  
TERMINAL - 3278
```

*** In most cases the numbers in columns 4, 5, and 6 should be the same. However, if they differ, then at least one of the codes was billed more than once for that occurrence. This allows us to detect multiple or duplicate billings for the code. These billings may or may not be justified depending on the codes involved.

(7) CODE1 Encounter Ratio = the number of services for code1 when billed with code2 (4) divided by the number of occurrences of this code pair (6).

(8) CODE2 Encounter Ratio = the number of services for code2 when billed with code1 (5) divided by the number of occurrences of this code pair (6).

*** Columns (7) and (8) are just another way of looking at whether the codes were billed in 1:1 pairs or if multiples/duplicates were involved. A ratio greater than 1 denotes some multiple billings.

F3: Exit ENTER: Continue

```
-----B E S S-----
OPTION ===>
*****
*   PHYSICIAN SERVICES   *
*   BILLING PATTERNS SYSTEM *
*****
USERID  - XXXX
TIME    - 14:22
TERMINAL - 3278
```

In the above example, the code chosen for the same day billing request was 66984. Code pair order was also requested (by default). The first line shows the utilization for the code billed alone(4). Where there is no code2, the allowed services field represents the total allowed services for code1. As presented, out of the 80,325 times this code was billed, 70,975 times it was billed alone. In the case of the pairing with code 11440 (line 3 code2), the allowed services of 4,366 represent the total number of times 11440 was billed. Out of these 4,366 times, only 34 times was it billed with 66984. You will notice that there were only 30 same day occurrences for this code pair; however, code 11440 was billed 34 times. In some of these occurrences there were multiple (duplicate) billings for 11440. This is also apparent from the CODE2 ratio (8) of 1.13.

Printed copies of this user guide are available upon request. Please contact Leo Porter at (410-786-1816) or Susan Watson (410-786-1822).

F3: Exit